

# LEXIS SUBSCRIPTION FORM

Mail/FAX this form to: Loretta Jackson, Indiana Public Defender Council, 309 West Washington Street, Suite 401, Indianapolis, IN 46204. FAX: 317-232-5524.

ID numbers cannot be issued to support staff or attorneys not engaged in public defender work.  
**LEXIS IS TO BE USED FOR PUBLIC DEFENDER CASES ONLY.**

## **CUSTOMER INFORMATION (Please type or print):**

1. Name: \_\_\_\_\_ Attorney Number: \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Telephone Number: \_\_\_\_\_ 4. Fax Number: \_\_\_\_\_

5. E-mail address: \_\_\_\_\_

**PAYMENT:** The cost of this service is \$20/month/person, payable in full for the entire year (pro-rated if you subscribe during the year. Call Loretta at 317-232-2490 if you have questions).

**PASSWORDS WILL BE ISSUED AT THE BEGINNING OF EACH MONTH.**

Check enclosed: \_\_\_\_\_

## **CREDIT CARD INFORMATION:**

VISA or MASTERCARD No.: \_\_\_\_\_ CV Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

I certify that I am a public defender/regularly assigned counsel as defined in IC 33-40-4\* and will promptly notify the Indiana Public Defender Council should my position change:

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\*...all public defenders, contractual pauper counsel, and other court appointed attorneys regularly appointed to represent indigent defendants.